



## **Process for the Transfer of Clinical Responsibility**

### **1 TRANSFERRING PATIENTS TO CLINICIANS WITHIN THE PRACTICE (E.G. TO AND FROM A LOCUM)**

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It is the responsibility of the doctors involved in the patient’s care that there is a handover between them for patients of concern. Such situations include (but are not limited to):

- patient’s principal doctor and locum
- teaching doctor and GPEP registrar
- clinical director and doctor leaving a practice
- a doctor who has returned from leave and who’s patients has been looked after by other doctors in the Practice

Where possible this should occur at a face to face meeting. Where this is not possible, then the “Task” system on the PMS system is to be used to bring attention to patients that need ongoing care

Delegating patient care to colleagues involves asking a colleague to provide treatment or care on one’s behalf. When delegating care to a colleague, ensure that they have the appropriate qualifications, skill and experience to provide care for the patient. Although doctors are not responsible for the decisions and actions of those to whom they delegate, they remain responsible for their decision to delegate and for the overall management of the patient. Ensure complete, relevant information about patients and the treatment they need is passed on.

Ensure that the patient is aware of who is responsible for all aspects of their care, and how information about them is being shared.

### **2 TRANSFERRING PATIENTS TO PROVIDERS AND SERVICES OUTSIDE THE PRACTICE (HANDOVER)**

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When a doctor transfers care of a patient to another practitioner outside the practice, that patient remains under their care. Ensure that the patient is aware of who is responsible for their care throughout the transfer, and how information about them is being shared.

The doctor/clinician should provide the forwarding practitioner with appropriate information about the patient and his or her care, and must ensure that the chain of responsibility is clear throughout the transfer.

Where the transfer is for acute care, this information can be provided in a telephone discussion with the admitting doctor. All transfers, especially verbal transfers, must be followed up by appropriate documentation eg via the Electronic Referral Management System (ERMS) or an email. Any emails need to be recorded in the Indici PMS, not in the doctor’s own personal email.

Provide all relevant information about the patient’s history and present condition

When ordering a test and expect that the result may mean urgent care is needed, the referral must include the out-of-hours contact details of the clinician caring for the patient if appropriate.

*Note: Printing this document may make it obsolete. Always check the Policy and Procedure folder for latest version.*

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### 3 RECEIVING CORRESPONDENCE ABOUT A PATIENT WHO IS BEING TRANSFERRED BACK INTO THE CARE OF D.O.R

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As per the D.O.R. 'Policy on Managing Patient Results and Correspondence' all incoming correspondence is the responsibility of the provider who is responsible for the patient.

Our Medications Management policy outlines the importance of careful consideration at all points of transfer of care as this is when issues are likely to occur.

All correspondence is to be read and the patients status updated if appropriate. This may include Diagnosis and coding, allergy status, smoking status, measurements, medication updates, alerts and or recalls for follow up tests.

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